

HIV/AIDS in Thailand and USAID Involvement

Though Thailand's HIV/AIDS epidemic has stabilized in recent years, it continues to feature one of the highest prevalences in Asia, at 2.15 percent of the adult population. Due to an aggressive national response to HIV/AIDS, prevalence has declined in some groups at high risk of infection. Enforcement of a national "100 Percent Condom Use" policy in brothels, a decline in visits to sex workers, and a decline in sexually transmitted infections (STIs), together with a national information and education campaign and large-scale condom distribution, have played a key role in reversing HIV/AIDS/STI trends.

According to the U.S. Census Bureau and the U.S. Agency for International Development (USAID):

- HIV/AIDS prevalence among recruits in the Royal Thai Army peaked in 1994 at 4 percent but declined to 1.5 percent by 1997.
- Reported prevalence among sex workers in the Central and Northern regions fell from 24 to 30 percent in 1993-1994 to 13 percent in 1999.
- In Bangkok, HIV infection among male STI patients jumped from 3 percent in 1990 to 7 percent in 1997, but decreased to 6 percent by 1999.
- Among women attending antenatal clinics in Bangkok, HIV prevalence increased from 0.2 percent in 1990 to 2 percent in 1994, but decreased to 1 percent in 1997.

The first cases of HIV/AIDS were detected in 1984 in men who have sex with men. By 1988, the epidemic had spread to injecting drug users and to sex workers and their clients. Since 1988, the epidemic has spread from groups at high risk to the general population. Currently, more than 80 percent of HIV infections are transmitted through sexual contact, 5 percent through mother-to-child transmission, 5 percent through injecting drug use, and 0.05 percent via blood transfusions.

HIV/AIDS cases have been reported in all provinces in Thailand, with the greatest concentration of infections appearing in the upper Northern region. In the north, HIV infection rates are estimated at up to 57 percent of injecting drug users, 40 percent of male STI patients, and 10 percent of women attending antenatal clinics.



According to the Joint United Nations Programme on HIV/AIDS (UNAIDS) and Thailand's Ministry of Public Health:

- 755,000 adults aged 15-49 were living with HIV/AIDS by the end of 1999.
- 13,900 children under age 15 were living with HIV/AIDS by the end of 1999.
- An estimated 75,000 children had been orphaned by AIDS at the end of 1999.
- The male-to-female ratio among those living with HIV/AIDS is 4:1, but among those below 20 years of age, the ratio is 1:1.

NATIONAL RESPONSE

Though the Thai government did not fully engage in HIV/AIDS prevention until the early 1990s, the national AIDS program has been successful in reducing the number of HIV infections through public education campaigns aimed at changing sexual risk behavior, condom promotion, community empowerment, and improvements in STI treatment.

In 1985, a National Advisory Committee on AIDS was established within the Ministry of Health. At this time, AIDS was viewed as a disease contracted by drug users and men who have sex with men, and prevention activities were targeted solely to these groups.

In 1987, Thailand launched a National AIDS Programme, along with a Centre for Prevention and Control of AIDS.

A short-term HIV/AIDS program was implemented in 1988 with the technical and financial support of the World Health Organization. The initiative provided HIV/AIDS educational materials to injecting drug users, discouraged injecting drug use, promoted condom use, and prepared health care facilities to treat HIV-positive persons addicted to heroin. Also in 1988, the Medium Term Programme for the Prevention and Control of AIDS (1989-1991) was approved.

A national sentinel surveillance system for HIV/AIDS was established in 1989 in 14 provinces. By 1990, the system was operational in all 73 provinces. Surveillance findings that HIV prevalence among brothel-based sex workers had jumped from 3.1 percent in 1989 to 15.2 percent in 1990 attracted the attention of policymakers, who began to take the epidemic more seriously.

Several studies revealed that most new HIV infections were occurring through commercial sex work. The National AIDS Program received a substantial increase in funding and began implementing behavior change communication interventions targeted to sex workers. Condom promotion and distribution also increased at this time.

A brothel-based "100 Percent Condom Use" policy, implemented as a pilot study in early 1989 in the North, required condoms be used in all sex acts taking place in commercial sex establishments. The condom policy was adopted at the national level in 1992, following the enactment of the first National AIDS Policy.

Key Population, Health, and Socioeconomic Indicators		
Population	60.2 million	World Bank 1999
Growth Rate	0.8 %	World Bank 1999
Life Expectancy	Males: 70 Females: 75	DHS 2000
Total Fertility Rate	1.9	DHS 2000
Infant Mortality Rate	22 per 1,000 live births	DHS 2000
Maternal Mortality Rate	44 per 100,000 live births	DHS 2000
GNP per capita (US\$)	\$2,160	DHS 2000
Govt. health expenditure as % GDP	5.7%	WHO 1997
Adult Literacy	Males: 97% Females: 93%	World Bank 1999

In 2000, the total amount of funds dedicated to HIV/AIDS programming in Thailand from all sources was \$65 million.

From 1992 to 1996, the National AIDS Program received dramatic increases in funding and began emphasizing public education and mass media campaigns, legislation to protect human rights, and legislative controls on the commercial sex industry. Declines in HIV/AIDS prevalence began to be reported in 1995 and 1996.

The 1997-2001 National AIDS Prevention and Alleviation Plan focuses on empowering people to prevent HIV/AIDS and care for those affected by the disease within their own families and communities.

The Asian financial crisis of the late 1990s resulted in a reorientation and reduction of the 1998 budget for AIDS prevention and control. Funding for medical interventions, such as antiretroviral drugs and drugs to treat opportunistic infections, was scaled back significantly. Support for condom distribution was also reduced.

USAID SUPPORT

Since it closed its Mission in 1997, USAID has worked through Thai institutions and experts to train regional staff in HIV/AIDS prevention.

USAID-supported nongovernmental organizations (NGOs) include the following:

Family Health International (FHI)/IMPACT

works to strengthen the capacity of Thai agencies to provide care and support services to people living with HIV/AIDS, harm reduction services for injection drug users, and awareness and prevention activities along the Thai-Cambodian border.

The **International HIV/AIDS Alliance** works to link NGOs implementing HIV prevention, care, and support services with other NGOs interested in expanding their capacity to provide similar services.

The **Population Council/Horizons Program** performs operational research, secondary analysis of reproductive tract infection data, programming of

HIV prevention in schools, evaluation and accreditation of workplace-based AIDS programs, case management of opportunistic infections, and regional workshops on the integration of HIV/AIDS into family planning and reproductive health activities.

Other bilateral donors active in health programming include UNAIDS, UNICEF, UNFP, WHO, Japan, Australia, Germany, Sweden, European Union, and Australia.

CHALLENGES

According to USAID and UNAIDS, Thailand faces the following challenges in containing its HIV/AIDS epidemic:

- Developing new strategies to prevent mother-to-child transmission, despite the growing availability of antiretroviral drugs;
- Reaching adolescents and young people with HIV/AIDS prevention materials. School enrollment has declined since the onset of the Asian economic crisis, making this population difficult to reach;
- Reducing trafficking of women and children into the sex industry;
- Increasing HIV/AIDS programs targeting migrant workers and displaced Burmese on Thailand's western border;
- Reducing the spread of HIV/AIDS among injecting drug users; and
- Targeting HIV/AIDS education campaigns to women, among whom HIV infection is increasing.

SELECTED LINKS AND CONTACTS

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2. Office of the WHO Representative to Thailand, Office of the Permanent Secretary, Building 3, 4th Floor, Ministry of Public Health, Tiwanon Road, Nonthaburi 11000, Thailand, Tel: (02) 590-1524, 591-8198; Fax: (02) 591-8199, E-mail: registry@whothai.moph.go.th,
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